

**Special Services Student Intake**

*The information provided below is used for the express purpose of assisting students obtain academic adjustments/auxiliary aids. All identifying information other than statistical information is kept confidential unless Special Services Office receives a signed consent from the participating student or as required by law.*

[ ]  Fall [ ]  Winter-Mini [ ]  Spring [ ]  Spring Mini [ ]  SUI [ ]  SUII Year:

Name: Galveston College ID# Date of Birth

Address:

Email: Contact Telephone:

Alternate Contact: Name: Alternate Contact Phone:

Please initial to grant permission to use alternate contact: Student Initials:

Degree Program (Major):

Please list each diagnosis and the approximate age of onset.

Diagnosis: Age:

Diagnosis: Age:

Diagnosis: Age:

List all academic adjustments/auxiliary aids you are requesting. For example: Extended time on

tests or the ability to test in a distraction-reduced environment.

Have you received accommodations previously? [ ]  Y [ ]  N

If yes, please provide the academic adjustments provided, the institution name, contact information and provide documentation:

Are you working with the Texas Workforce Solutions Rehabilitative Services? [ ]  Y [ ]  N

Student Signature: Date: